

Commonwealth of Kentucky Personnel Cabinet

Prepared for:
Kentucky Group Health Insurance Board Members

May 2007

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Dashboard Report: Based on Incurred Claims. Includes projections for Incurred but not yet reported claims (IBNR or CMPL)

1. Enrollment

Fact	Jan 2006 - Dec 2006	Jan 2005 - Dec 2005	% Change
Employees Avg Med	146,703	143,818	2.00%
Members Avg Med	236,038	230,267	2.50%
Family Size Avg	1.6	1.6	0.50%
Member Age Avg	37.8	38.8	-2.60%

3. Allowed Claims Costs PMPY with Norms

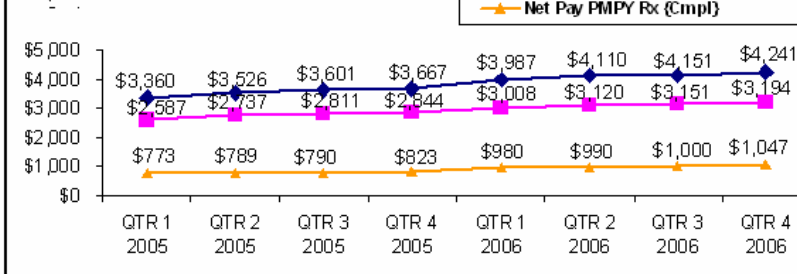
	Jan 2005 - Dec 2005	Jan 2006 - Dec 2006	Trend	Recent US Norm	Comp to Norm
Allow Amt PMPY Med (Cmpl)	\$3,114.52	\$3,512.99	13%	\$3,425.11	2.50%
Allow Amt PMPY IP Acute (Cmpl)	\$911.08	\$1,005.07	10%	N/A	N/A
Allow Amt PMPY OP Med (Cmpl)	\$2,182.60	\$2,494.30	14%	\$2,313.05	7.27%
Allow Amt PMPY OP Fac Med (Cmpl)	\$1,005.58	\$1,021.01	2%	N/A	N/A
Allow Amt PMPY Office Med (Cmpl)	\$779.27	\$886.72	14%	\$0.00	N/A
Allow Amt PMPY OP Lab (Cmpl)	\$134.94	\$217.02	61%	\$0.00	N/A
Allow Amt PMPY OP Rad (Cmpl)	\$289.02	\$438.39	52%	\$0.00	N/A
Out of Pocket PMPY Med (Cmpl)	\$292.14	\$322.49	10%	\$599.04	-85.75%
Allow Amt PMPY Rx (Cmpl)	\$1,063.12	\$1,220.74	15%	\$950.43	22.14%
Out of Pocket PMPY Rx (Cmpl)	\$269.05	\$216.27	-20%	\$0.00	N/A

6.b. Cost Driver Support Table

Fact	Jan 2005 - Dec 2005	Jan 2006 - Dec 2006	% Change
Allow Amt Per Day Adm Acute	\$2,874.43	\$2,831.79	-1.48%
Days Per 1000 Adm Acute	313.41	344.62	9.96%
Allow Amt Per Visit OP Fac Med	\$703.19	\$626.58	-10.90%
Visits Per 1000 OP Fac Med	1,430.02	1,629.53	13.95%
Allow Amt Per Visit Office Med	\$103.38	\$108.51	4.96%
Visits Per 1000 Office Med	7,538.23	8,172.14	8.41%
Allow Amt Per Day Supply Rx	\$2.18	\$2.22	1.77%
Days Supply PMPY Rx	488.29	550.91	12.82%

2. Net Incurred Claims Cost Per Member

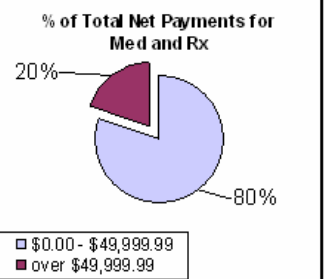
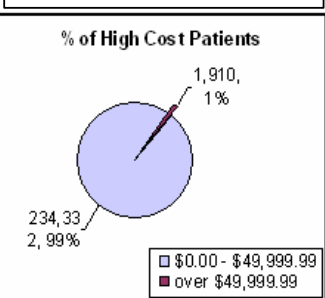
(PMPY Costs calculated at the end of each)



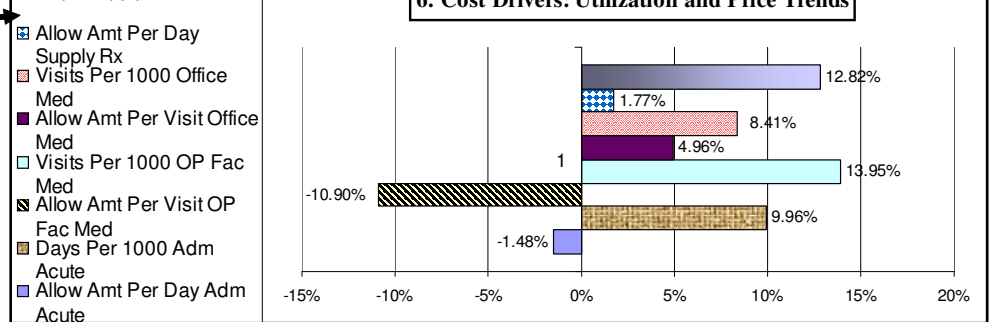
5. Prescription Drug Programs

	Fact	Jan 2005 - Dec 2005	Jan 2006 - Dec 2006	% Change
Mail Order	Discount Off AWP % Rx	25.60%	32.64%	27.51%
	Scripts Generic Efficiency Rx	88.11%	90.99%	5.66%
Retail	Discount Off AWP % Rx	26.98%	33.02%	22.37%
	Scripts Generic Efficiency Rx	91.57%	94.10%	2.76%
Total	Discount Off AWP % Rx	26.81%	32.97%	22.95%
	Scripts Generic Efficiency Rx	91.38%	93.98%	2.85%
	Scripts Maint Rx % Mail Order	5.54%	6.39%	15.44%

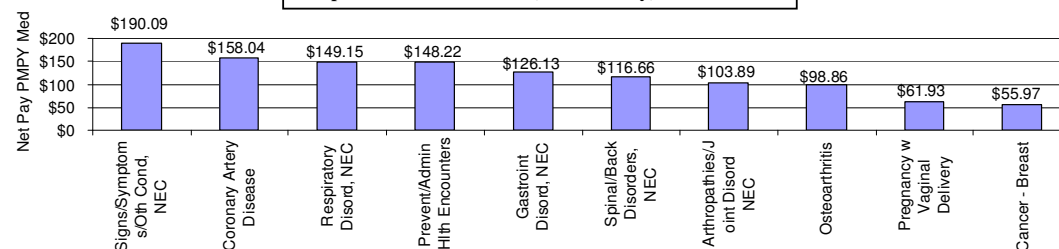
4. High cost Claimants: Jan - Dec 2006



6. Cost Drivers: Utilization and Price Trends



7. Top 10 Clinical Conditions (Medical Only): Jan - Dec 2006



Introduction

The Department for Employee Insurance (DEI) is pleased to provide an analysis of the Kentucky Employees Health Plan. In response to requests for data analysis this report has been prepared to provide information related to enrollment, claims payment, and utilization.

It is the Department's intent to update this information on a monthly basis in an effort to continue to provide current information about Kentucky's Health Insurance Program.

Overview

This report is compiled using Medstat, which is DEI's health insurance information management system. Medstat warehouses enrollment and claims data. Enrollment data is provided by DEI while claims data is provided by each carrier and/or TPA.

Claims information may be analyzed by either "incurred" or "paid" dates. "Incurred" reports specify paid amounts for claims that were incurred in a specified timeframe. Due to the lag time in submittal and payment of claims, historical reports that are based on incurred claims may change significantly with each new database update since additional incurred claims will be added. "Paid" claims reports specify the paid amount for claims regardless of when the claims may have been incurred. Unless otherwise specified, data contained in this report are based on "incurred" claims.

Enrollment in the KEHP changes on a daily basis due to a variety of reasons such as: new hires, adding dependents, dropping dependents, marriage, divorce, becoming Medicare eligible, etc. Therefore, Medstat is dealing with a fluid enrollment base. Also, each carrier processes claims slightly differently. During 2005 Medstat processed enrollment information for a total of 253,984 members as well as 7,196,140 claims (3,083,368 Medical claims and 4,048,855 prescriptions) from five different carriers. When dealing with such large numbers it is impossible to tag every claim to a corresponding group, carrier, service type, etc. While the tagging rate for the KEHP data exceeds 99%, you may still see information on reports stated as "~Missing". This indicates any enrollment or claims that could not be "tagged" by Medstat.

Definitions

DEI utilized the following definitions in preparing reports:

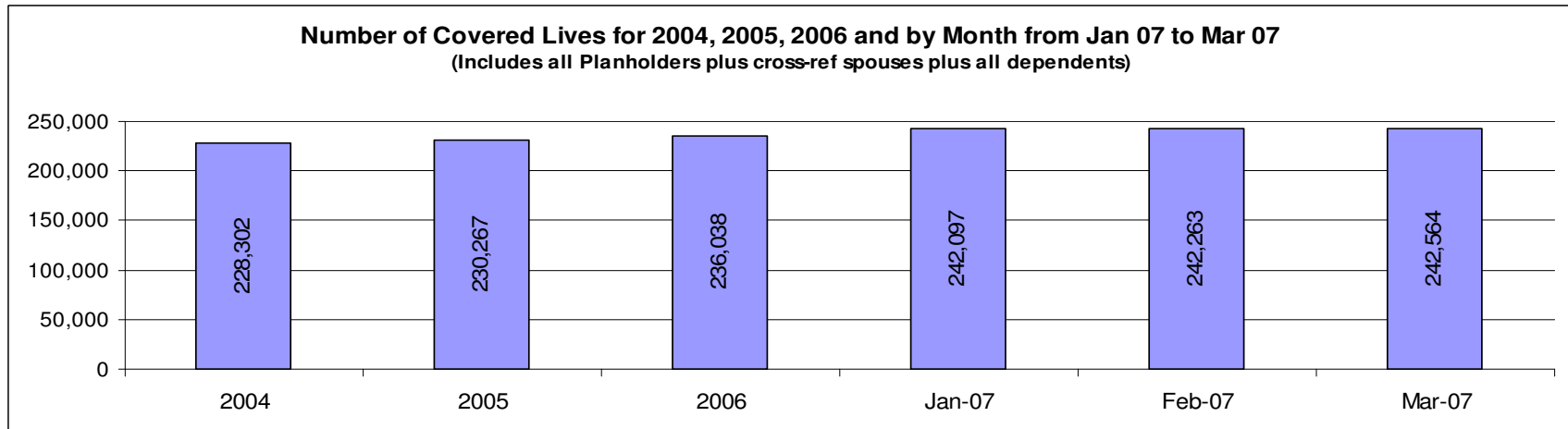
- “Employee” represents an individual eligible to participate in KEHP as a retiree in either KTRS or KRS, or by being employed by one of the agencies that participate with KEHP (example: state employee, school boards, Quasi agency, etc.). Employee may also be referred to as “planholder” or “contracts”. Please note that Medstat deals with Cross-reference plans uniquely. Although there are in fact two “employees” Medstat can only designate the planholder as an employee. Therefore, the cross-referenced spouse is considered a dependent and all claims and utilization data related to them is counted as a “member”.
- “Member” includes all employees plus any dependents that are covered through the KEHP. Members may also be referred to as “covered lives”.
- “Group” is Kentucky Retirement System (KRS), Kentucky Teachers Retirement System (KTRS), State Employees, School Boards, or Other (includes: COBRA, Health Departments, KCTCS, Quasi/Local Governments).
- “Plan” is Commonwealth Essential, Commonwealth Enhanced, Commonwealth Premier, HMO Option A, HMO Option B, POS Option A, POS Option B, PPO Option A, PPO Option B, or EPO Option C.
- “Carrier” may be Aetna, Anthem, Bluegrass Family Health, CHA Health, United Healthcare, or Humana (please note that Express Scripts data is designated as Humana).
- “Generic Efficiency” means the number of prescriptions that are filled with a generic product as a percentage of the total number of prescriptions where a generic is available.
- “OOP” is the amount paid out-of-pocket by the member for facility, professional, and prescription drug services. This generally includes coinsurance, co-payment, and deductible amounts.
- “Allowed Amount” is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.
- “Net Payment” is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, co-payment, coinsurance, and deductible amounts have been subtracted.
- “Patients” is the unique count of members who received facility, professional, or pharmacy services.
- “Days Supply” is the number of days for which drugs were supplied for prescriptions filled. It represents the number of days of drug therapy covered by a prescription.
- “Mail Order” is computed as any script filled with a “days supply” of more than 30 days, regardless of the physical location where the prescription was filled.
- “Retail” is computed as any script filled with a “days supply” of 30 days or less, regardless of the physical location where the prescription was filled.

Enrollment

The following details planholder enrollment (contracts) for 2004, 2005, 2006 and monthly year-to-date for 2007. Enrollment will fluctuate on a monthly basis. (Note: There have been approximately 7,000 cross-referenced spouses in any given month that are not included in the following chart.)



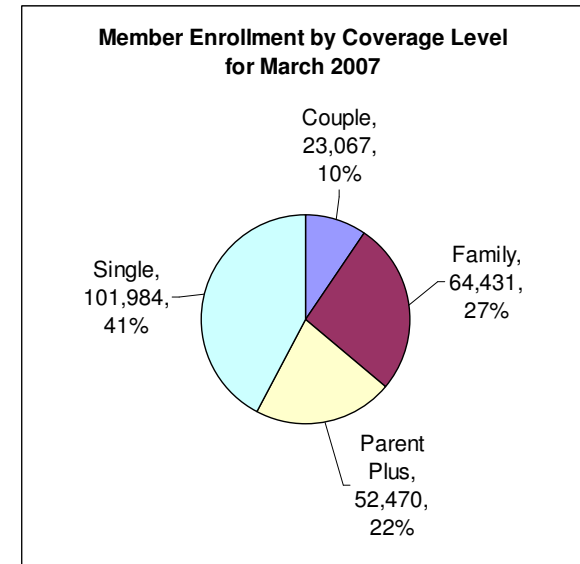
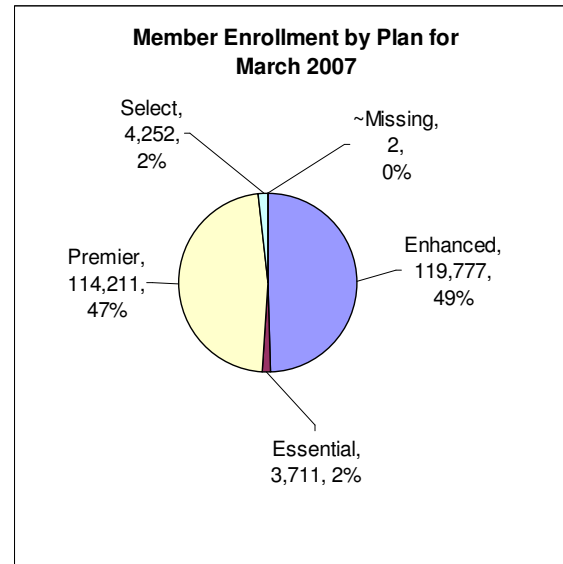
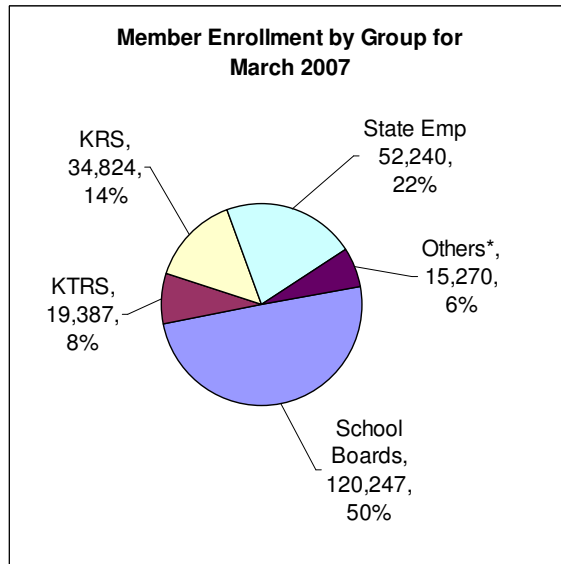
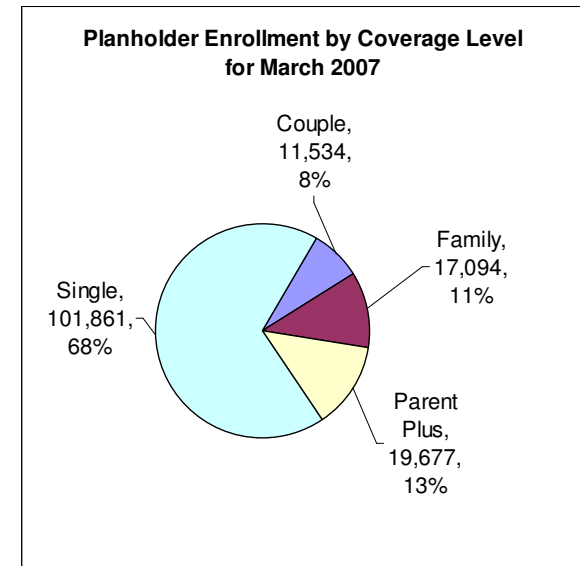
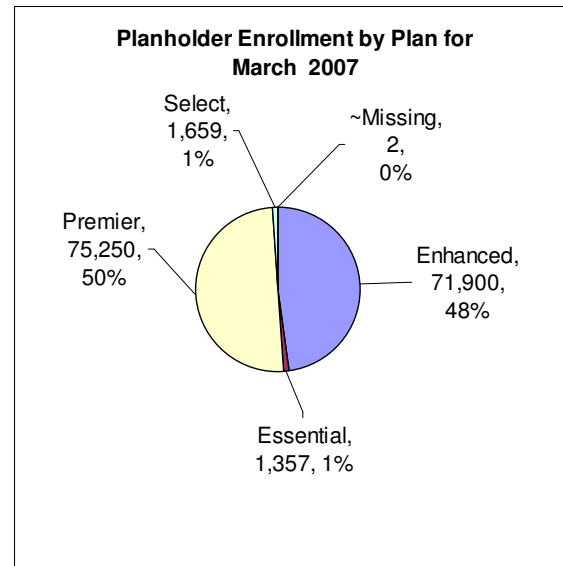
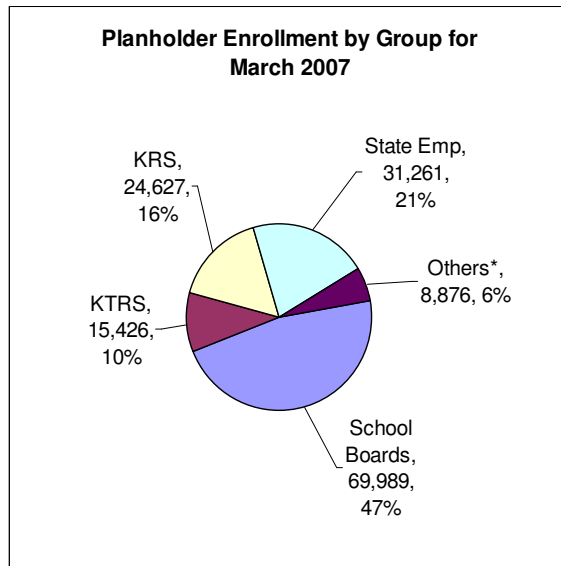
The following details member enrollment (covered lives) for 2004, 2005, 2006 and monthly year-to-date for 2007. Enrollment will fluctuate on a monthly basis.



The following shows the number of cross-reference spouses for 2004, 2005, 2006 and monthly year-to-date for 2007. Number of Cross-Reference Spouses will fluctuate on a monthly basis.

Time Period	Number of Cross-Reference Spouses
Avg - 2004	5,008
Avg - 2005	7,017
Avg - 2006	7,130
Jan-07	7,227
Feb-07	7,217
Mar-07	7,266

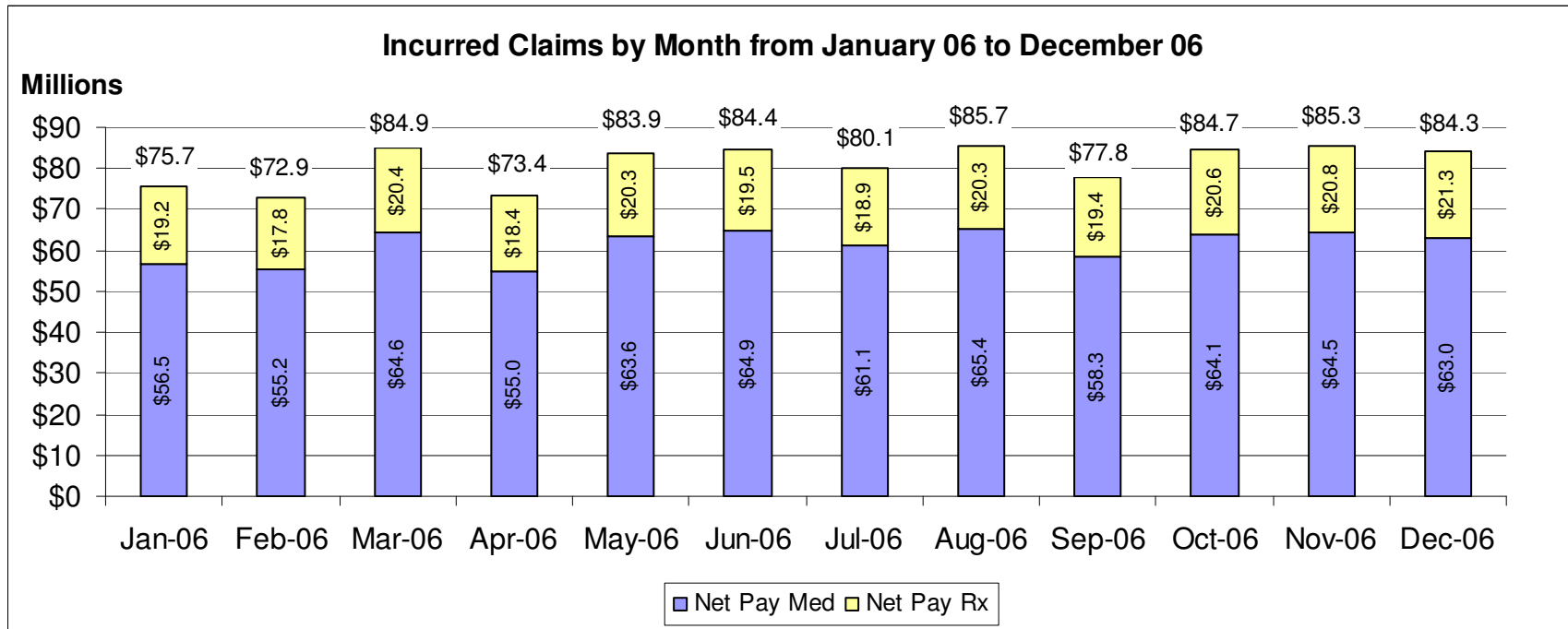
The following displays Planholder and Member enrollment by group, plan, and coverage level.



* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

Claims Costs

Claims costs, including Medical and Prescription (Rx) for the most recent rolling year. Based on Incurred Claims.



NOTE: Includes run out data from all Carriers

The following represents incurred medical claims only (does not include Rx) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Totals
2004	\$246,734,786	\$70,871,782	\$106,215,251	\$123,509,099	\$43,074,069	\$590,404,988
2005	\$258,968,850	\$80,519,150	\$122,173,852	\$127,187,327	\$43,294,828	\$632,144,008
Jan-06	\$22,160,306	\$7,174,500	\$11,500,163	\$12,292,225	\$3,366,189	\$56,493,382
Feb-06	\$22,187,248	\$6,951,738	\$11,094,428	\$11,084,369	\$3,834,945	\$55,152,727
Mar-06	\$25,554,795	\$8,019,216	\$12,342,606	\$14,601,509	\$4,035,555	\$64,553,680
Apr-06	\$21,982,892	\$7,169,127	\$10,217,655	\$12,079,525	\$3,547,852	\$54,997,051
May-06	\$25,331,086	\$8,271,549	\$12,841,305	\$13,186,524	\$3,955,711	\$63,586,175
Jun-06	\$29,940,465	\$7,395,822	\$11,705,166	\$11,962,547	\$3,907,830	\$64,911,830
Jul-06	\$27,135,650	\$7,445,132	\$10,768,271	\$12,046,588	\$3,734,126	\$61,129,767
Aug-06	\$25,127,036	\$8,824,396	\$13,686,732	\$12,962,039	\$4,759,179	\$65,359,380
Sep-06	\$23,226,198	\$7,749,094	\$11,942,431	\$11,856,965	\$3,564,215	\$58,338,903
Oct-06	\$25,767,681	\$8,001,938	\$13,368,839	\$12,590,057	\$4,380,009	\$64,108,523
Nov-06	\$27,416,854	\$8,537,936	\$12,469,622	\$12,080,518	\$3,979,823	\$64,484,753
Dec-06	\$26,606,997	\$7,228,531	\$12,575,204	\$12,177,529	\$4,417,681	\$63,005,941

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred Rx claims only (does not include medical) by Group for 2004, 2005, and monthly year-to-date for 2006.

	School Boards	KTRS	KRS	State Employees	Others*	Total RX
2004	\$65,554,794	\$24,644,841	\$34,889,675	\$32,606,398	\$10,801,244	\$168,496,952
2005	\$69,962,581	\$27,103,055	\$39,829,872	\$34,366,451	\$11,563,371	\$182,825,330
Jan-06	\$7,464,782	\$2,901,069	\$4,270,027	\$3,550,677	\$1,054,366	\$19,240,919
Feb-06	\$7,092,454	\$2,495,212	\$3,895,479	\$3,313,382	\$981,386	\$17,777,912
Mar-06	\$8,160,371	\$2,974,993	\$4,376,796	\$3,762,006	\$1,110,341	\$20,384,507
Apr-06	\$7,228,490	\$2,690,873	\$4,093,681	\$3,387,860	\$1,034,118	\$18,435,022
May-06	\$7,961,814	\$2,993,196	\$4,487,538	\$3,704,831	\$1,177,950	\$20,325,330
Jun-06	\$7,662,980	\$2,888,854	\$4,327,029	\$3,536,749	\$1,073,044	\$19,488,655
Jul-06	\$7,221,888	\$2,817,511	\$4,417,295	\$3,413,774	\$1,062,729	\$18,933,197
Aug-06	\$7,748,840	\$3,089,495	\$4,656,492	\$3,667,507	\$1,131,643	\$20,293,978
Sep-06	\$7,444,649	\$2,968,191	\$4,452,217	\$3,423,601	\$1,152,044	\$19,440,702
Oct-06	\$7,984,318	\$3,099,391	\$4,699,312	\$3,660,226	\$1,168,857	\$20,612,104
Nov-06	\$8,287,937	\$3,000,473	\$4,671,355	\$3,679,612	\$1,179,925	\$20,819,303
Dec-06	\$8,473,656	\$3,098,269	\$4,802,096	\$3,752,321	\$1,212,723	\$21,339,064

* Others include Cobra, Health Departments, KCTCS, Quasi/Local Governments, or Missing (unable to determine group).

The following represents incurred medical claims only (does not include Rx) by Plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$618,383	\$103,010	\$991,694	\$213,264,442	\$41,124,739	\$325,501,867	\$5,548,882	\$3,251,972	\$590,404,988
2005	\$224,286,191	\$5,666,043	\$399,116,529	\$12,938	\$3,035	\$183,434	\$70	\$2,875,769	\$632,144,008
Jan-06	\$20,538,908	\$389,430	\$35,454,122	\$0	\$0	\$0	\$0	\$110,923	\$56,493,382
Feb-06	\$20,507,964	\$590,563	\$33,765,568	\$0	\$0	\$0	\$0	\$288,633	\$55,152,727
Mar-06	\$24,191,035	\$361,647	\$39,568,050	\$0	\$0	\$0	\$0	\$432,948	\$64,553,680
Apr-06	\$21,038,047	\$337,490	\$33,172,467	\$0	\$0	\$0	\$0	\$449,047	\$54,997,051
May-06	\$24,354,549	\$433,987	\$38,473,207	\$0	\$0	\$0	\$0	\$324,432	\$63,586,175
Jun-06	\$25,159,210	\$338,497	\$39,017,251	\$0	\$0	\$0	\$0	\$396,871	\$64,911,830
Jul-06	\$24,130,414	\$415,185	\$36,256,684	\$0	\$0	\$0	\$0	\$327,484	\$61,129,767
Aug-06	\$25,176,296	\$573,259	\$38,965,719	\$0	\$0	\$0	\$0	\$644,107	\$65,359,380
Sep-06	\$22,772,547	\$330,655	\$34,910,864	\$0	\$0	\$0	\$0	\$324,836	\$58,338,903
Oct-06	\$25,055,163	\$475,614	\$38,131,394	\$0	\$0	\$0	\$0	\$446,352	\$64,108,523
Nov-06	\$24,792,283	\$415,689	\$38,987,009	\$0	\$0	\$0	\$0	\$289,772	\$64,484,753
Dec-06	\$24,989,310	\$441,737	\$37,189,802	\$0	\$0	\$0	\$0	\$385,092	\$63,005,941

*HMO = HMO Option A plus HMO Option B

POS = POS Option A plus POS Option B

PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred Rx claims only (does not include medical) by plan for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Commonwealth Enhanced	Commonwealth Essential	Commonwealth Premier	HMO*	POS*	PPO*	EPO Option C	Missing*	Total
2004	\$45,196	\$2,359	\$74,909	\$35,214,500	\$35,111,477	\$94,162,316	\$0	\$3,640,401	\$168,251,158
2005	\$64,879,223	\$1,341,401	\$116,062,858	\$9,118	\$7,598	\$24,680	\$0	\$1,283	\$182,326,162
Jan-06	\$6,874,422	\$107,217	\$12,215,387	\$0	\$0	\$0	\$0	\$0	\$19,197,026
Feb-06	\$6,458,805	\$96,238	\$11,135,124	\$0	\$0	\$0	\$0	\$0	\$17,690,167
Mar-06	\$7,465,107	\$97,425	\$12,734,830	\$0	\$0	\$0	\$0	\$0	\$20,297,362
Apr-06	\$6,590,832	\$92,069	\$11,666,399	\$0	\$0	\$0	\$0	\$0	\$18,349,299
May-06	\$7,366,886	\$102,998	\$12,771,215	\$0	\$0	\$0	\$0	\$0	\$20,241,099
Jun-06	\$7,003,976	\$89,151	\$12,325,243	\$0	\$0	\$0	\$0	\$0	\$19,418,370
Jul-06	\$6,801,593	\$83,468	\$11,974,661	\$0	\$0	\$0	\$0	\$0	\$18,859,722
Aug-06	\$7,362,164	\$95,646	\$12,764,709	\$0	\$0	\$0	\$0	\$0	\$20,222,519
Sep-06	\$7,084,688	\$92,033	\$12,190,297	\$0	\$0	\$0	\$0	\$0	\$19,367,018
Oct-06	\$7,566,574	\$91,934	\$12,892,631	\$0	\$0	\$0	\$0	\$0	\$20,551,138
Nov-06	\$7,731,921	\$98,566	\$12,930,842	\$0	\$0	\$0	\$0	\$0	\$20,761,329
Dec-06	\$7,882,893	\$120,113	\$13,269,685	\$0	\$0	\$0	\$13	\$0	\$21,272,704

*HMO = HMO Option A plus HMO Option B

POS = POS Option A plus POS Option B

PPO= PPO Option A plus PPO Option B

*Missing means the claims could not be tagged to a specific plan.

The following represents incurred medical claims only (does not include Rx) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$534,701	\$224,164,784	\$139,754,525	\$222,352,699	\$346,307	\$3,251,972	\$590,404,988
2005	\$90,570,181	\$227,291,671	\$118,943,065	\$424,324	\$192,038,997	\$2,875,769	\$632,144,008
Jan-06	\$6,524	\$119,290	\$12,686	\$56,232,029	\$11,932	\$110,923	\$56,493,382
Feb-06	\$0	\$0	\$0	\$54,864,094	\$0	\$288,633	\$55,152,727
Mar-06	\$0	\$0	\$0	\$64,120,733	\$0	\$432,948	\$64,553,680
Apr-06	\$0	\$0	\$0	\$54,548,665	\$0	\$448,386	\$54,997,051
May-06	\$0	\$0	\$0	\$63,261,743	\$0	\$324,432	\$63,586,175
Jun-06	\$0	\$0	\$0	\$64,514,959	\$0	\$396,871	\$64,911,830
Jul-06	\$0	\$0	\$0	\$60,802,282	\$0	\$327,484	\$61,129,767
Aug-06	\$0	\$0	\$0	\$64,715,325	\$0	\$644,055	\$65,359,380
Sep-06	\$0	\$0	\$0	\$58,014,067	\$0	\$324,836	\$58,338,903
Oct-06	\$0	\$0	\$0	\$63,662,171	\$0	\$446,352	\$64,108,523
Nov-06	\$0	\$0	\$0	\$64,194,982	\$0	\$289,772	\$64,484,753
Dec-06	\$0	\$0	\$0	\$62,622,233	\$0	\$383,708	\$63,005,941

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred Rx claims only (does not include medical) by Carrier for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Anthem	Bluegrass Family Health	CHA Health	Humana	United Healthcare	~Missing*	Total
2004	\$17,314	\$61,324,944	\$42,603,314	\$64,273,189	\$32,397	\$245,795	\$168,496,952
2005	\$28,656,463	\$67,495,825	\$33,854,074	\$39,651	\$52,280,149	\$499,168	\$182,825,330
Jan-06	\$9,191	\$31,845	\$17,397	\$19,130,844	\$7,750	\$43,893	\$19,240,919
Feb-06	\$0	\$0	\$0	\$17,690,167	\$0	\$87,745	\$17,777,912
Mar-06	\$0	\$0	\$0	\$20,297,362	\$0	\$87,145	\$20,384,507
Apr-06	\$0	\$0	\$0	\$18,349,299	\$0	\$85,723	\$18,435,022
May-06	\$0	\$0	\$0	\$20,241,099	\$0	\$84,231	\$20,325,330
Jun-06	\$0	\$0	\$0	\$19,418,370	\$0	\$70,285	\$19,488,655
Jul-06	\$0	\$0	\$0	\$18,859,722	\$0	\$73,475	\$18,933,197
Aug-06	\$0	\$0	\$0	\$20,222,519	\$0	\$71,459	\$20,293,978
Sep-06	\$0	\$0	\$0	\$19,367,018	\$0	\$73,684	\$19,440,702
Oct-06	\$0	\$0	\$0	\$20,551,138	\$0	\$60,966	\$20,612,104
Nov-06	\$0	\$0	\$0	\$20,761,329	\$0	\$57,973	\$20,819,303
Dec-06	\$0	\$0	\$0	\$21,272,704	\$0	\$57,973	\$21,330,677

*Missing means the claims could not be tagged to a specific Carrier.

The following represents incurred medical claims only (does not include Rx) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$79,913,106	\$103,803,687	\$85,464,962	\$317,971,261	\$3,251,972	\$590,404,988
2005	\$87,669,983	\$118,702,239	\$88,185,687	\$334,709,939	\$2,876,160	\$632,144,008
Jan-06	\$7,876,997	\$10,158,192	\$8,214,175	\$30,133,095	\$110,923	\$56,493,382
Feb-06	\$8,157,096	\$10,111,509	\$6,856,315	\$29,739,174	\$288,633	\$55,152,727
Mar-06	\$9,169,985	\$12,203,640	\$8,213,162	\$34,533,946	\$432,948	\$64,553,680
Apr-06	\$8,202,549	\$10,457,522	\$6,942,581	\$28,946,013	\$448,386	\$54,997,051
May-06	\$9,713,751	\$11,250,823	\$8,856,826	\$33,440,344	\$324,432	\$63,586,175
Jun-06	\$9,193,772	\$12,495,624	\$7,982,949	\$34,842,614	\$396,871	\$64,911,830
Jul-06	\$8,428,577	\$11,990,526	\$8,421,359	\$31,961,820	\$327,484	\$61,129,767
Aug-06	\$9,228,195	\$11,807,783	\$8,777,000	\$34,902,346	\$644,055	\$65,359,380
Sep-06	\$8,080,804	\$10,262,605	\$7,987,845	\$31,682,813	\$324,836	\$58,338,903
Oct-06	\$8,786,348	\$13,076,680	\$8,461,018	\$33,338,125	\$446,352	\$64,108,523
Nov-06	\$8,857,978	\$12,420,163	\$9,052,579	\$33,864,262	\$289,772	\$64,484,753
Dec-06	\$8,694,503	\$12,146,840	\$8,520,937	\$33,259,953	\$383,708	\$63,005,941

* Unable to tag claims to a specific coverage level.

The following represents incurred Rx claims only (does not include Medical) by Coverage Level for 2004, 2005, and monthly year-to-date for 2006.

Time Period	Couple	Family	Parent Plus	Single	Unknown*	Total
2004	\$26,000,775	\$29,722,962	\$19,085,089	\$93,442,331	\$245,795	\$168,496,952
2005	\$28,952,348	\$34,228,770	\$19,155,064	\$99,989,679	\$499,469	\$182,825,330
Jan-06	\$3,209,933	\$3,473,476	\$2,048,446	\$10,465,171	\$43,893	\$19,240,919
Feb-06	\$2,879,466	\$3,253,402	\$1,981,719	\$9,575,580	\$87,745	\$17,777,912
Mar-06	\$3,235,029	\$3,775,763	\$2,256,107	\$11,030,464	\$87,145	\$20,384,507
Apr-06	\$3,024,119	\$3,307,883	\$1,951,256	\$10,066,041	\$85,723	\$18,435,022
May-06	\$3,284,924	\$3,732,573	\$2,112,634	\$11,110,968	\$84,231	\$20,325,330
Jun-06	\$3,171,527	\$3,493,204	\$2,012,338	\$10,741,300	\$70,285	\$19,488,655
Jul-06	\$3,115,747	\$3,432,907	\$1,915,468	\$10,395,599	\$73,475	\$18,933,197
Aug-06	\$3,291,385	\$3,832,837	\$2,133,340	\$10,964,957	\$71,459	\$20,293,978
Sep-06	\$3,116,982	\$3,596,642	\$2,142,310	\$10,511,084	\$73,684	\$19,440,702
Oct-06	\$3,285,302	\$3,886,396	\$2,264,583	\$11,114,858	\$60,966	\$20,612,104
Nov-06	\$3,278,697	\$3,966,663	\$2,500,595	\$11,015,374	\$57,973	\$20,819,303
Dec-06	\$3,367,263	\$4,089,436	\$2,559,308	\$11,256,697	\$66,360	\$21,339,064

* Unable to tag claims to a specific coverage level.

Medical Claims Utilization

The following is based on medical claims (does not include Rx) incurred from January 2006 to December 2006. (Note: Services are tracked by each service, not by each visit. Therefore if two laboratory services are performed at one visit, it will count as two services.)

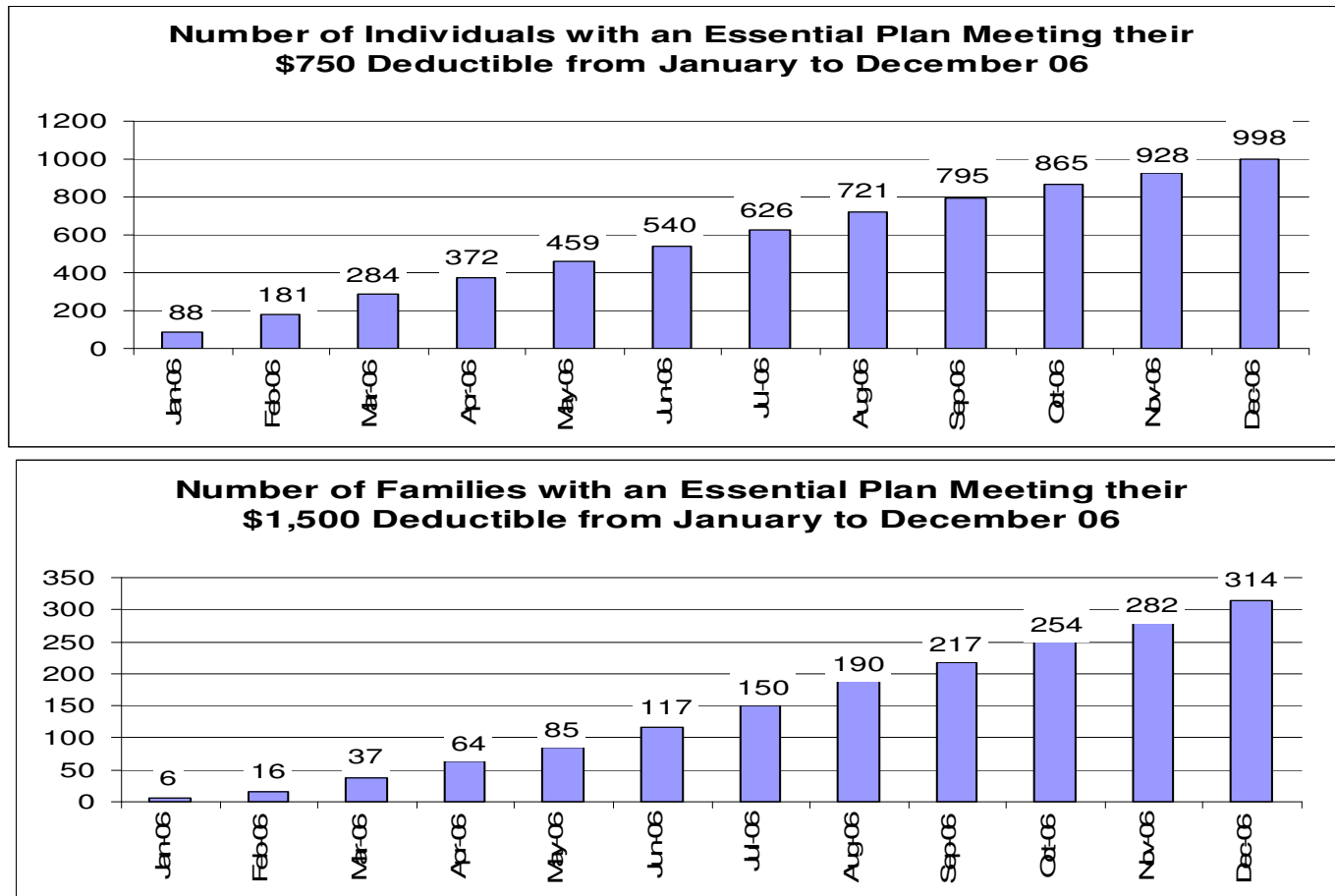
Plans	Number of Hospital Admits per 1000 Members	Average Length of Stay per Admission	Total Admission Days Per 1000 Members	Office Visits per 1000 Members	ER Visits Per 1000 Members	Outpatient Laboratory Services Per 1000 Members	Outpatient Radiology Services Per 1000 Members
Commonwealth Enhanced	69.64	3.77	262.71	7,099.18	202.12	6,576.32	2,406.78
Commonwealth Essential	53.91	3.73	200.85	3,625.10	182.74	3,764.31	1,381.23
Commonwealth Premier	101.54	4.13	419.43	9,405.11	237.97	9,390.95	3,444.53
~Missing		6.4					
All Plans	86.9	3.97	344.62	8,172.14	219.87	7,908.73	2,896.69

*Missing means the claims could not be tagged to a specific plan.

Analysis of Individuals and Families meeting their Deductible

The following details the number of individuals and families by plan, meeting their deductible amounts for the most recent rolling year. The report is based on incurred claims.

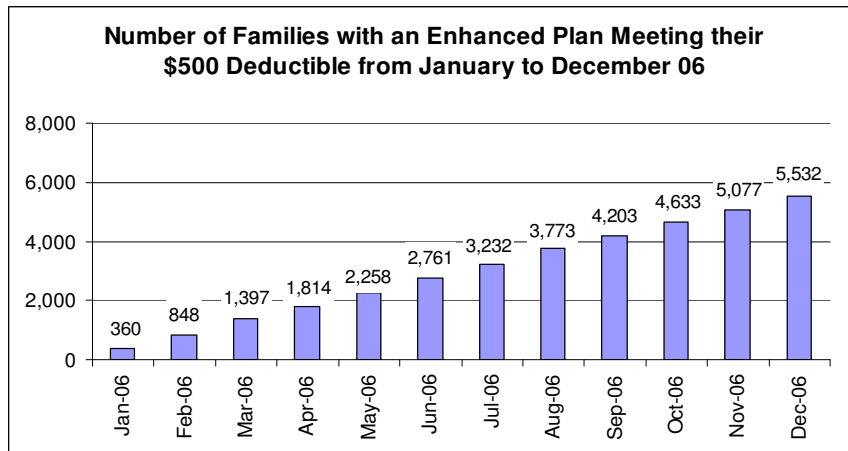
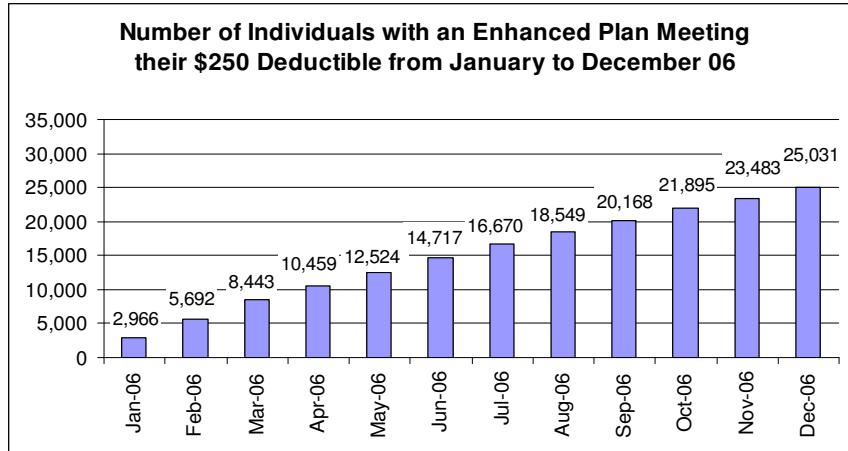
Essential



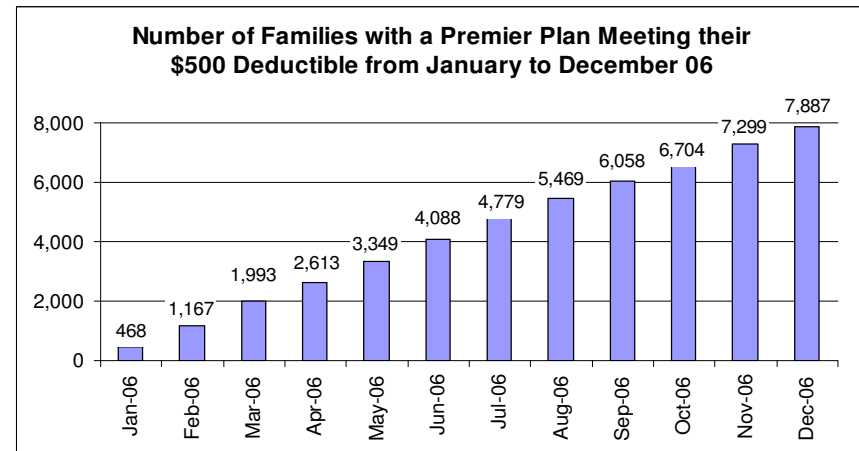
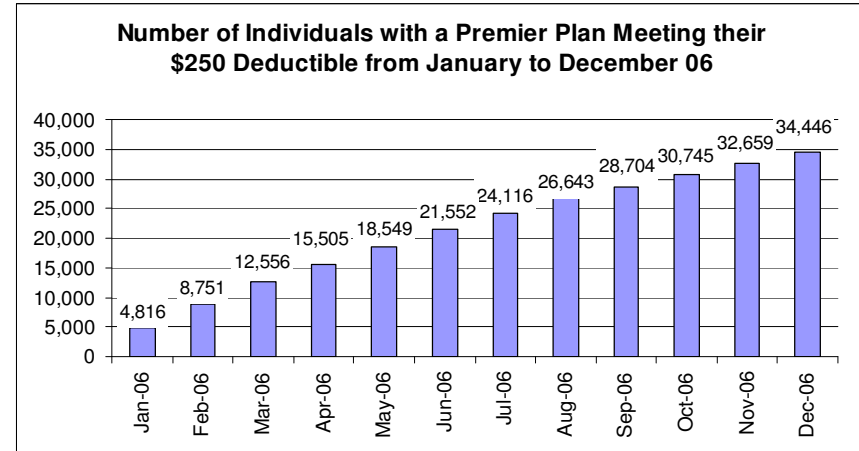
2005 Essential: A total of 18.65% of Individuals met their deductible while 12.40% of Families met their deductible.

2006 Essential: A total of 20.75% of Individuals met their deductible while 14.98% of Families met their deductible.

Enhanced



Premier



Enhanced 2005: A total of 19.39% of Individuals met their deductible while 5.00% of Families met their deductible.

Enhanced 2006: A total of 22.43% of Individuals met their deductible while 7.95% of Families met their deductible.

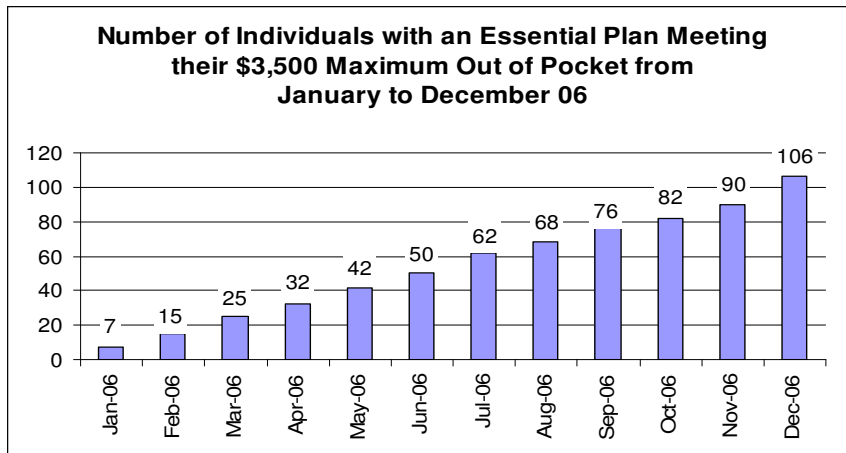
Premier 2005: A total of 27.85% of Individuals met their deductibles while 6.93% of Families met their deductible.

Premier 2006: A total of 30.26% of Individuals met their deductible while 10.28% of Families met their deductible.

Analysis of Individuals and Families meeting their Maximum Out of Pocket expenses.

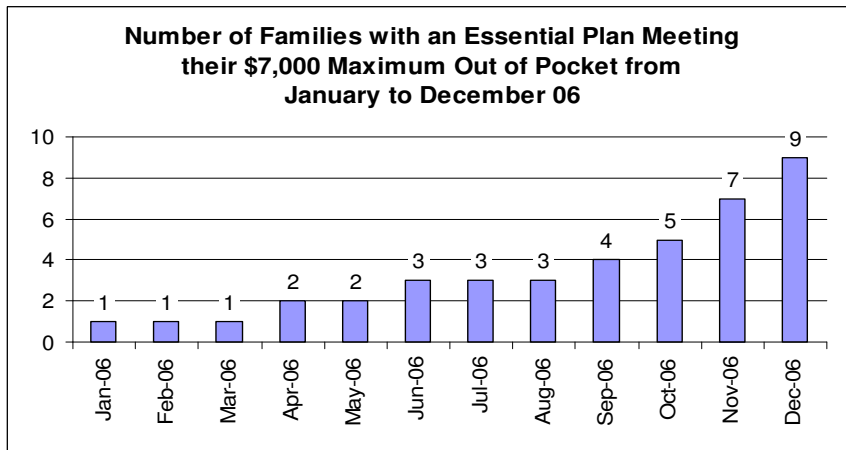
The following details the number of individuals and families by plan, meeting their maximum out of pocket (MOP) amounts for the most recent rolling year. The report is based on incurred claims.

Essential

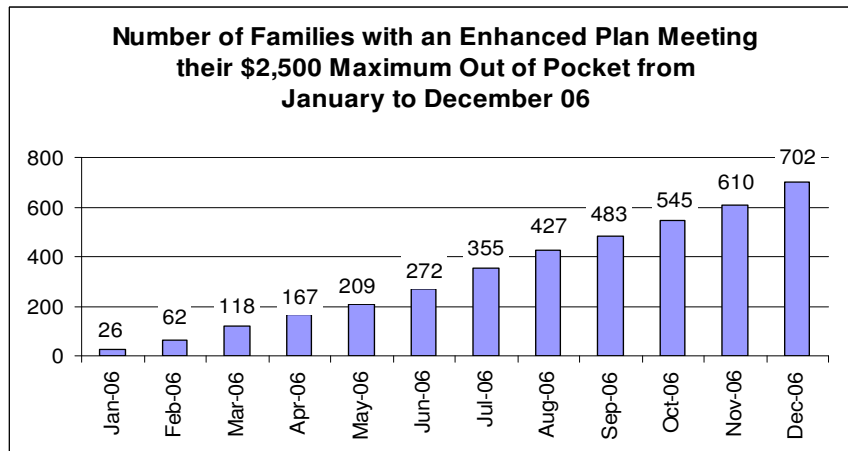
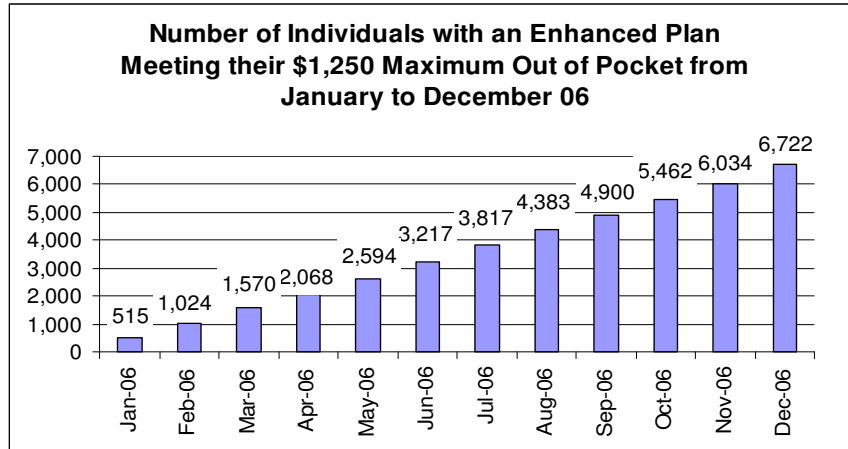


Essential 2005: A total of 1.14% of Individuals met their MOP while 0.24% of Families met their MOP.

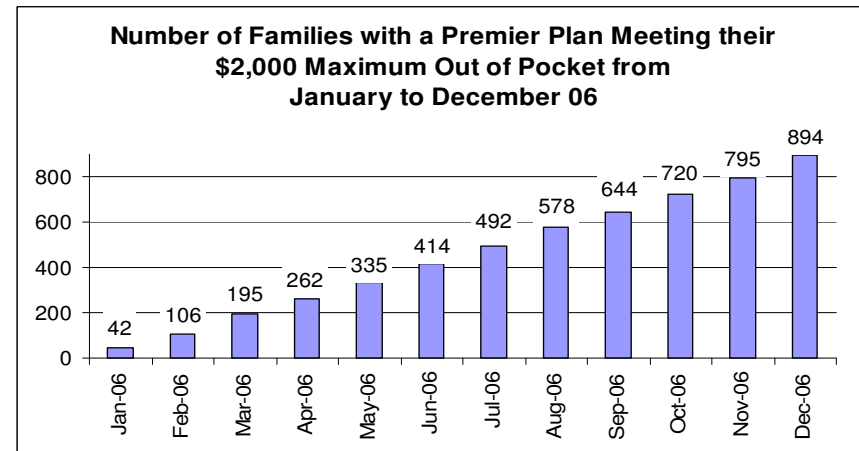
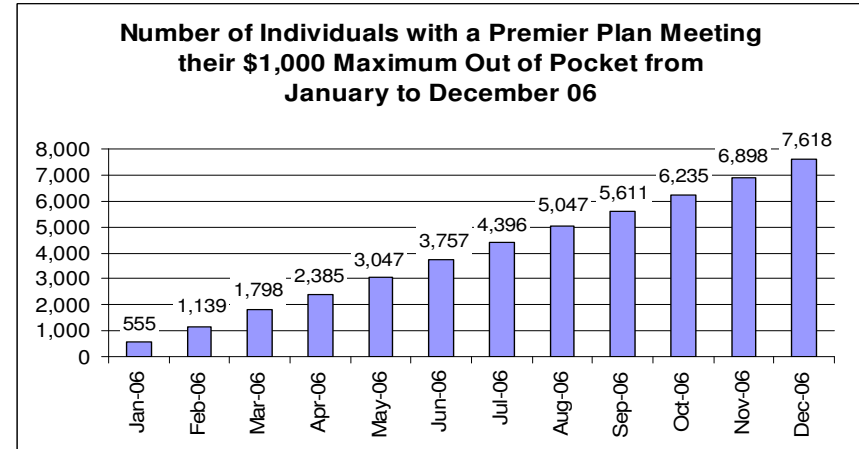
Essential 2006: A total of 2.20% of Individuals met their MOP while 0.43% of Families met their MOP.



Enhanced



Premier



Enhanced 2005: A total of 3.35% of Individuals met their MOP while 0.50% of Families met their MOP.
 Enhanced 2006: A total of 6.02% of Individuals met their MOP while 1.01% of Families met their MOP.
 Premier 2005: A total of 3.38% of Individuals met their MOP while 0.06% of Families met their MOP.
 Premier 2006: A total of 6.69% of Individuals met their MOP while 1.16% of Families met their MOP.

Premium (or Premium Equivalent)

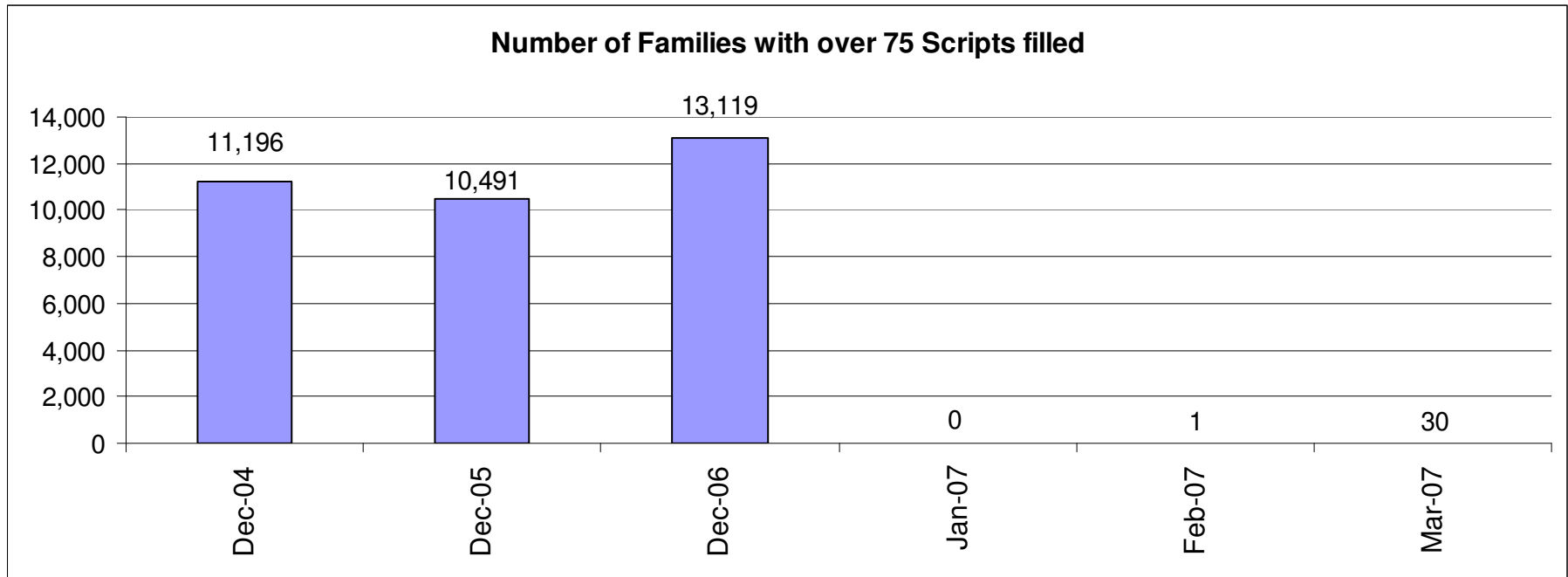
The following details the amount of premium (or premium equivalent) paid by the employee and employer for 2005, 2006, and monthly year-to-date for 2007.

Time Period	Employee Premium Amount	Employer Premium Amount	Total Premium Amount
2005	\$148,029,637	\$779,647,097	\$927,676,733
2006	\$153,787,780	\$948,458,338	\$1,102,246,118
Jan-07	\$14,016,671	\$80,542,856	\$94,559,527
Feb-07	\$14,044,597	\$80,471,968	\$94,516,565
Mar-07	\$13,794,423	\$80,762,937	\$94,557,360

NOTE: Premium (or premium equivalent) is based on enrollment using published premium rates – it is NOT based on actual payments received.

Prescription Drug Utilization

The following details the number of families that have purchased 75 scripts or more during 2004, 2005, 2006 and monthly year-to-date for 2007. After a family has filled 75 prescriptions the co-payment was reduced to \$10 for 2nd tier and \$20 for 3rd tier.



The following details the type of prescription filled, the % that were generic, and the generic efficiency rate for the most recent rolling year. The generic percentage rate and generic efficiency rate increased in 2006. Based on Incurred claims.

	Generic	Brand Name, Generic Available	Brand Name	Other*	Total	Scripts Rx % Generic	Scripts Generic Efficiency Rx
Jan-06	194,259	14,786	156,018	7,383	372,446	52.16%	92.93%
Feb-06	187,019	13,168	148,216	7,333	355,736	52.57%	93.42%
Mar-06	214,745	14,534	168,543	7,961	405,783	52.92%	93.66%
Apr-06	187,901	12,889	147,418	6,748	354,956	52.94%	93.58%
May-06	206,432	13,764	160,025	8,169	388,390	53.15%	93.75%
Jun-06	198,946	13,305	150,829	7,943	371,023	53.62%	93.73%
Jul-06	195,456	12,951	141,724	15,020	365,151	53.53%	93.79%
Aug-06	207,459	13,208	145,662	20,468	386,797	53.64%	94.01%
Sep-06	211,876	12,365	139,289	15,589	379,119	55.89%	94.49%
Oct-06	227,314	13,256	146,140	13,374	400,084	56.82%	94.49%
Nov-06	235,035	13,220	144,197	11,496	403,948	58.18%	94.67%
Dec-06	241,598	13,272	147,234	13,755	415,859	58.10%	94.79%

*Includes: Over the Counter (usually includes items such as diabetic supplies, syringes, and test strips, etc.), Other/Unavailable or Missing (unable to tag to a specific group).

The following details the number of members and patients utilizing prescription benefits and the associated costs for the most recent rolling year. Based on Incurred claims.

	Members	Patients	Scripts	Scripts Per Member	Scripts Per Patient	Allow Amt Per Script*	Net Pay Per Script	Average out of pocket cost per member	Average out of pocket cost per patient
Jan-06	233,525	144,219	372,446	1.59	3.03	\$63.45	\$51.66	\$18.80	\$30.44
Feb-06	233,552	144,083	355,736	1.52	2.88	\$61.66	\$49.98	\$17.79	\$28.84
Mar-06	234,241	151,872	405,783	1.73	3.09	\$61.87	\$50.23	\$20.16	\$31.10
Apr-06	234,589	142,226	354,956	1.51	2.92	\$63.68	\$51.94	\$17.77	\$29.31
May-06	234,695	147,160	388,390	1.65	3.07	\$63.96	\$52.33	\$19.24	\$30.69
Jun-06	234,830	145,557	371,023	1.58	3.02	\$63.94	\$52.53	\$18.04	\$29.10
Jul-06	235,112	145,191	365,151	1.55	3.00	\$63.00	\$51.85	\$17.32	\$28.05
Aug-06	233,040	148,111	386,797	1.66	3.07	\$63.35	\$52.47	\$18.06	\$28.42
Sep-06	233,806	145,216	379,119	1.62	3.02	\$61.89	\$51.28	\$17.20	\$27.70
Oct-06	238,697	151,486	400,084	1.67	3.09	\$62.04	\$51.52	\$17.63	\$27.78
Nov-06	239,513	154,324	403,948	1.68	3.07	\$61.83	\$51.54	\$17.36	\$26.94
Dec-06	239,277	153,075	415,859	1.73	3.12	\$61.39	\$51.31	\$17.51	\$27.37

* "Allow Amt" is the amount of submitted charges eligible for payment for all claims. It is the amount eligible after applying pricing guidelines, but before deducting third party, co-payment, coinsurance, or deductible amounts.

The following top 25 drug analysis is based on Rx claims incurred from January 2006 to December 2006.

Product Name*	Brand/Generic	Total Rx Payments	Net Pay Rx as % of All Drugs	Number of Scripts	Net Pay Per Day Supply Rx	Number of members receiving an RX
NEXIUM	Brand	\$7,104,017	3.74%	45,431	\$4.41	7,190
ZOCOR	Brand	\$6,243,775	3.29%	44,384	\$3.81	13,030
SINGULAIR	Brand	\$5,258,320	2.77%	58,636	\$2.59	11,597
PREVACID	Brand	\$4,873,680	2.56%	30,273	\$4.61	5,028
ENBREL	Brand	\$4,705,192	2.48%	2,820	\$51.71	389
EFFEXOR-XR	Brand	\$4,376,094	2.30%	34,826	\$3.75	5,186
CRESTOR	Brand	\$3,661,184	1.93%	44,964	\$2.32	7,930
WELLBUTRIN XL	Brand	\$3,551,576	1.87%	25,675	\$4.05	4,359
VYTORIN	Brand	\$3,442,390	1.81%	42,276	\$2.28	7,178
AVANDIA	Brand	\$3,399,339	1.79%	23,516	\$4.15	3,478
TOPAMAX	Brand	\$3,337,395	1.76%	14,918	\$6.82	2,793
LEXAPRO	Brand	\$3,004,915	1.58%	43,959	\$2.05	7,655
PROTONIX	Brand	\$2,911,100	1.53%	27,747	\$3.03	4,913
ACTOS	Brand	\$2,644,238	1.39%	18,056	\$4.19	2,909
ZOLOFT	Brand	\$2,465,259	1.30%	30,703	\$2.38	6,843
SIMVASTATIN	Generic	\$2,426,433	6.04%	33,867	\$2.05	12,287
FEXOFENADINE HCL	Generic	\$2,346,373	5.84%	49,713	\$1.53	13,463
PLAVIX	Brand	\$2,256,147	1.19%	17,758	\$3.63	3,540
LOTREL	Brand	\$2,193,205	1.15%	26,945	\$2.37	3,474
TRICOR	Brand	\$2,102,202	1.11%	23,183	\$2.59	3,694
LIPITOR	Brand	\$2,095,044	1.10%	26,469	\$2.13	4,399
LEVAQUIN	Brand	\$2,049,070	1.08%	22,805	\$10.07	16,550
ADVAIR DISKUS 250/50	Brand	\$2,034,318	1.07%	12,160	\$4.89	3,575
ZYRTEC	Brand	\$1,937,089	1.02%	54,685	\$1.06	16,733
CELEBREX	Brand	\$1,919,395	1.01%	15,969	\$3.35	3,423

*"Product Name" includes all strengths/formulations of a drug.

In summary the top 25 drugs represent over 17% of the total scripts and over 35% of total Rx expenditures.

Summary	Total Rx Payments	Number of Scripts	Days Supply Rx
Top Drugs	\$83,719,041	792,015	26,773,172
All Product Names	\$237,090,694	4,599,292	130,036,755
Top Drugs as Pct of All Drugs	35.31%	17.22%	20.59%

Utilization

The top 25 clinical conditions based on “incurred claims” from January 2006 to December 2006 are detailed below. (Note: Total Medical Payments represents only the payments made for the specified condition.)

	Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
1	Signs/Symptoms/Oth Cond, NEC	\$44,867,497	\$6,803,327	\$36,993,621	2.68	7.96	336.1	12.37	71,695	\$625.81
2	Coronary Artery Disease	\$37,303,920	\$24,090,522	\$13,203,185	5.33	3.24	69.74	2.91	8,541	\$4,367.63
3	Respiratory Disord, NEC	\$35,206,051	\$9,340,489	\$25,826,564	2.96	2.55	121.94	16.82	29,246	\$1,203.79
4	Prevent/Admin Hlth Encounters	\$34,986,353	\$259,989	\$34,711,390	0.05	3.17	705.45	0.79	131,137	\$266.79
5	Gastroint Disord, NEC	\$29,771,513	\$5,866,520	\$23,895,002	2.21	4.34	157.84	15.98	34,136	\$872.14
6	Spinal/Back Disorders, NEC	\$27,535,987	\$6,034,250	\$21,469,879	1.37	2.64	624.81	5.37	31,531	\$873.30
7	Arthropathies/Joint Disord NEC	\$24,521,783	\$1,809,118	\$22,638,313	0.59	3.54	691.3	6.66	52,683	\$465.46
8	Osteoarthritis	\$23,335,708	\$14,053,956	\$9,262,541	3.13	3.39	184.2	0.39	17,362	\$1,344.07
9	Pregnancy w Vaginal Delivery	\$14,617,573	\$14,533,211	\$84,362	7.24	2.47	0.55	0.01	2,563	\$5,703.31
10	Cancer - Breast	\$13,212,073	\$613,334	\$12,584,031	0.41	3.39	49.86	0.07	2,361	\$5,595.96
11	Infections - ENT Ex Otitis Med	\$12,978,817	\$379,868	\$12,499,937	0.43	2.46	564	10.65	81,974	\$158.33
12	Renal Function Failure	\$12,158,745	\$1,583,233	\$10,427,653	0.33	5.77	11.69	0.34	1,488	\$8,171.20
13	Cholecystitis/Cholelithiasis	\$11,188,000	\$3,276,999	\$7,911,001	1.53	3.41	7.37	1.4	2,540	\$4,404.72
14	Condition Rel to Tx - Med/Surg	\$10,883,863	\$8,174,424	\$2,693,950	2.33	5.41	6.38	1.88	2,379	\$4,574.97
15	Infec/Inflam - Skin/Subcu Tiss	\$9,644,644	\$2,242,415	\$7,359,246	1.29	4.23	252.94	5.13	40,391	\$238.78
16	Newborns, w/wo Complication	\$9,619,405	\$9,147,485	\$471,920	6.93	3.53	3.44	0.09	2,770	\$3,472.71

	Clinical Conditions	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members	Number of Patients	Net Pay Per Patient Medical
17	Gynecological Disord, NEC	\$9,429,875	\$1,786,607	\$7,639,869	0.95	2.34	82.71	1.45	20,306	\$464.39
18	Hernia/Reflux Esophagitis	\$9,109,398	\$2,186,325	\$6,921,812	0.84	4.13	53.76	1.29	11,957	\$761.85
19	Nutritional Disorders, NEC	\$9,098,199	\$1,392,724	\$7,684,062	0.77	3.48	211.73	1.68	43,431	\$209.49
20	ENT Disorders, NEC	\$9,048,373	\$319,351	\$8,717,066	0.14	3.19	649.69	2.77	35,268	\$256.56
21	Hypertension, Essential	\$9,036,474	\$1,311,749	\$7,710,846	0.57	3.67	321.17	1.47	43,856	\$206.05
22	Chemotherapy Encounters	\$8,876,230	\$969,795	\$7,906,435	0.41	3.4	1.23	0	396	\$22,414.72
23	Diabetes	\$8,666,070	\$1,816,723	\$6,795,122	0.81	4.55	201.18	1.36	18,549	\$467.20
24	Urinary Tract Calculus	\$8,327,021	\$1,196,470	\$7,130,435	0.99	2.36	15.62	4.29	2,965	\$2,808.44
25	Cardiac Arrhythmias	\$7,665,169	\$3,472,409	\$4,158,292	1.13	2.96	40.2	2.07	5,490	\$1,396.21

*Based on ICD-9 codes that could not be attributed to any other condition.

In summary the top 25 clinical conditions represent over 58% of total paid claims for all clinical conditions.

Summary	Total Medical Payments	Medical Payments Inpatient	Medical Payments Outpatient	Admissions Per 1000 Members	Average Length of Stay per Admission	Office Visits Per 1000 Members	ER Visits Per 1000 Members
Top Clinical Conditions	\$431,088,741	\$122,661,293	\$306,696,535	45.42	3.61	5,364.92	97.22
All Clinical Conditions	\$736,122,114	\$218,391,419	\$515,042,493	86.9	3.97	8,172.14	219.87
Top Clinical Conditions as Pct of All Clinical Conditions	58.56%	56.17%	59.55%	52.27%	90.98%	65.65%	44.22%

Claims Lag Analysis

The following claims lag information is based on medical claims (does not include Rx) incurred from January 2006 to December 2006.

Plans	Number of Medical Claims	Avg Days Lag Per Claim	% Claims Paid Within 30 Days	% Claims Paid Within 60 Days	% Claims Paid Within 90 Days
Commonwealth Enhanced	2,856,859	25.4	80.71%	90.27%	94.24%
Commonwealth Essential	62,729	32.1	75.14%	86.03%	91.39%
Commonwealth Premier	3,993,438	25.3	80.87%	90.53%	94.42%
~Missing*	26,090	177.9	60.95%	78.43%	87.03%
All Plans	6,939,116	25.4	80.67%	90.34%	94.29%

*Missing means the claims could not be tagged to a specific plan.

The following claims lag information is based on all claims (Medical and Rx) incurred and paid during the most recent rolling year.

Paid	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06
Incurred						
Apr-06	\$34,493,824	\$28,818,772	\$4,394,032	\$2,645,560	\$940,951	\$1,049,988
May-06	N/A	\$41,366,106	\$29,072,632	\$7,069,557	\$3,771,359	\$1,565,134
Jun-06	N/A	N/A	\$43,026,694	\$30,749,516	\$5,714,004	\$2,098,163
Jul-06	N/A	N/A	N/A	\$38,381,466	\$32,900,170	\$4,940,269
Aug-06	N/A	N/A	N/A	N/A	\$45,213,813	\$30,583,989
Sep-06	N/A	N/A	N/A	N/A	N/A	\$40,454,408
Oct-06	N/A	N/A	N/A	N/A	N/A	N/A
Nov-06	N/A	N/A	N/A	N/A	N/A	N/A
Dec-06	N/A	N/A	N/A	N/A	N/A	N/A
Jan-07	N/A	N/A	N/A	N/A	N/A	N/A
Feb-07	N/A	N/A	N/A	N/A	N/A	N/A
Mar-07	N/A	N/A	N/A	N/A	N/A	N/A

Paid	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07
Incurred						
Apr-06	\$279,149	\$389,339	\$68,811	\$223,758	\$137,327	-\$9,437
May-06	\$293,135	\$532,411	\$209,542	\$112,881	\$158,717	-\$239,968
Jun-06	\$1,117,327	\$586,940	\$544,921	\$373,832	\$80,576	\$108,512
Jul-06	\$1,944,501	\$852,145	\$522,618	\$264,809	\$104,257	\$152,729
Aug-06	\$5,336,499	\$2,241,538	\$1,071,890	\$796,623	\$179,170	\$229,836
Sep-06	\$28,271,700	\$4,948,949	\$2,146,331	\$832,198	\$681,156	\$444,864
Oct-06	\$46,580,222	\$27,686,628	\$6,768,712	\$2,272,198	\$1,038,756	\$374,111
Nov-06	N/A	\$43,819,955	\$32,788,971	\$5,738,706	\$1,922,846	\$1,033,579
Dec-06	N/A	N/A	\$44,152,401	\$31,923,797	\$5,894,355	\$2,374,453
Jan-07	N/A	N/A	N/A	\$46,939,731	\$29,848,145	\$6,271,762
Feb-07	N/A	N/A	N/A	N/A	\$41,122,455	\$31,104,382
Mar-07	N/A	N/A	N/A	N/A	N/A	\$50,544,545

Claims Distribution based on Age/Gender

The following is based on claims incurred from January 2006 to December 2006.

	Female			Male		
Age Group Medstat	Members Avg	Net Pay Med and Rx	Net Pay Per Member	Members Avg	Net Pay Med and Rx	Net Pay Per Member
Ages < 1	3	\$4,166,628	\$1,666,651.15	3	\$5,547,629	\$2,054,677.31
Ages 1-4	3,798	\$8,386,001	\$2,208.30	3,966	\$13,643,649	\$3,439.89
Ages 5-9	5,671	\$5,847,746	\$1,031.17	5,876	\$8,313,994	\$1,415.03
Ages 10-14	6,325	\$8,630,883	\$1,364.50	6,645	\$8,615,266	\$1,296.46
Ages 15-17	4,383	\$7,433,311	\$1,695.90	4,747	\$8,483,637	\$1,787.35
Ages 18-19	3,209	\$5,846,515	\$1,821.97	3,302	\$4,775,965	\$1,446.34
Ages 20-24	7,639	\$14,845,892	\$1,943.56	7,511	\$9,329,752	\$1,242.18
Ages 25-29	7,377	\$25,998,592	\$3,524.13	3,462	\$6,067,438	\$1,752.58
Ages 30-34	8,531	\$31,209,315	\$3,658.43	4,661	\$9,561,254	\$2,051.29
Ages 35-39	10,398	\$37,610,679	\$3,617.07	5,429	\$12,991,818	\$2,393.13
Ages 40-44	11,314	\$49,295,026	\$4,357.07	6,053	\$19,845,504	\$3,278.51
Ages 45-49	13,898	\$68,120,218	\$4,901.33	7,357	\$31,402,580	\$4,268.51
Ages 50-54	17,189	\$94,211,107	\$5,480.80	9,791	\$51,243,816	\$5,233.98
Ages 55-59	19,281	\$117,965,733	\$6,118.14	12,223	\$76,567,974	\$6,264.31
Ages 60-64	15,847	\$106,765,154	\$6,737.25	10,607	\$74,952,566	\$7,066.13
Ages 65-74	5,576	\$24,474,254	\$4,389.61	3,971	\$21,062,913	\$5,304.05

Allowed Amount Distribution

The following shows the distribution of members with allowed amount of charges within specified ranges from January 2005 to December 2006. The distribution is based on incurred claims.

Allowed Amount	2005	2006
less than 0.00	90	1
\$0.00 - \$499.99	50,002	54,138
\$500.00 - \$999.99	29,231	32,803
\$1,000.00 - \$1,999.99	35,408	40,272
\$2,000.00 - \$4,999.99	47,471	54,294
\$5,000.00 - \$9,999.99	26,210	30,293
\$10,000.00 - \$14,999.99	9,138	10,547
\$15,000.00 - \$19,999.99	4,055	4,696
\$20,000.00 - \$29,999.99	3,539	4,227
\$30,000.00 - \$49,999.99	2,312	2,834
\$50,000.00 - \$74,999.99	932	1,062
\$75,000.00 - \$99,999.99	390	463
\$100,000.00 - \$149,999.99	299	350
\$150,000.00 - \$199,999.99	116	107
\$200,000.00 - \$249,999.99	57	67
over \$249,999.99	74	88
Total	209,324	236,242

Summary of Enrollment and Claims

The following provides a summary of members, incurred medical claims, and incurred Rx claims for the most recent rolling year.

Time Period	Members	Net Pay Med and Rx	Net Pay Med	Net Pay Rx	Claims Paid	Claims Paid Med	Scripts Rx
Jan-06	233,525	\$75,734,302	\$56,493,382	\$19,240,919	637,389	258,927	372,446
Feb-06	233,552	\$72,930,640	\$55,152,727	\$17,777,912	612,785	251,449	355,736
Mar-06	234,241	\$84,938,188	\$64,553,680	\$20,384,507	702,472	290,265	405,783
Apr-06	234,589	\$73,432,073	\$54,997,051	\$18,435,022	604,616	243,612	354,956
May-06	234,695	\$83,911,505	\$63,586,175	\$20,325,330	663,825	268,683	388,390
Jun-06	234,830	\$84,400,486	\$64,911,830	\$19,488,655	652,123	274,486	371,023
Jul-06	235,112	\$80,062,963	\$61,129,767	\$18,933,197	634,247	261,868	365,151
Aug-06	233,040	\$85,653,358	\$65,359,380	\$20,293,978	673,204	276,905	386,797
Sep-06	233,806	\$77,779,605	\$58,338,903	\$19,440,702	634,164	247,566	379,119
Oct-06	238,697	\$84,720,628	\$64,108,523	\$20,612,104	690,575	283,537	400,084
Nov-06	239,513	\$85,304,056	\$64,484,753	\$20,819,303	695,586	284,618	403,948
Dec-06	239,277	\$84,345,005	\$63,005,941	\$21,339,064	684,608	261,733	415,859

NOTE: Includes run out data from all Carriers

The following illustrates the change in incurred claims amounts (includes medical and Rx) by rolling year.

Incurred Rolling Years	Members	Total Medical and Rx Claims	Total Medical Claims	Total RX Claims
Jan 2005 - Dec 2005	230,267	\$814,144,910	\$632,144,008	\$182,825,577
Jan 2006 - Dec 2006	236,038	\$973,213,235	\$736,122,114	\$237,091,121
% Change (Roll Yrs)	2.50%	19.50%	16.40%	29.70%